

DIRECT PAYMENTS AUTOMATED CLEARING HOUSE (ACH) DEBITS
PARTICIPANT FACT SHEET

Welcome to the City of Greenwood Direct Debit ACH program for payment of your monthly Sanitation /Trash bill. We are pleased to be offering this service to our customers. Listed below are some “things to know” that will help you understand and work with the program.

You will receive a “billing statement” each month at the same time as you were always billed. Look for the following:

- In the center of the statement just below the list of charges you will see a note stating “STATEMENT ONLY, amount due to be withdrawn on due date”. Remember not to send a payment since your account will be debited.
- On the bottom left corner of the statement you will see the due date and billing date. The amount due will be debited from your account on the **DUE DATE**.
- **ALWAYS** review your statement for accuracy as soon as you receive it, and notify our office of any errors or disputed charges no later than four (4) business days prior to the due date. This will allow us time to review the charges and make any changes prior to debiting your account.
- We do not have the ability to “credit” your bank account in cases of overpayments. If we are NOT notified, the total billed amount will be debited and any reimbursement due you will be refunded to you as a “claim”.
- The “claim” process could take up to six weeks before you would receive a check.
- Please contact our office with a forwarding address if you will be away. The Post Office will not forward the billing statement.
- REMEMBER, this agreement stays in effect until **YOU** notify the Sanitation Billing Department **IN WRITING** that you wish to stop the ACH debit process.
- You can contact the Sanitation Billing Office at 887-5232 between the hours of 8:00 am to 5:00 pm Monday through Friday with any questions.

**City Of Greenwood Sanitation Billing
Authorization Agreement
Direct Payments Automated Clearing House (ACH) Debits**

I (we) hereby authorize the City of Greenwood Sanitation Billing Department, hereafter called COMPANY, to debit entries to my (our) account identified below and the Financial Institution named below, hereafter called FINANCIAL INSTITUTION. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with all applicable U.S. laws.

(Financial Institution Name) (Branch)

(Address) (City-State) (Zip)

(Routing/Transit Number) (Account Number) Type of Acct: ___ Checking ___ Savings

This authority shall remain in full force and effect until COMPANY receives written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act upon said notification.

(Print Individual Name) (Print Individual Name)

(Print Individual ID Number) (Print Individual ID Number)

(Signature) (Signature)

(Date)

Please Attach Copy Of Voided Check To This Form